

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X		
In re:	:	Chapter 11
	:	
	:	Case No. 12-12020 (MG)
Residential Capital, LLC, et al.	:	
	:	Jointly Administered
Debtors.	:	
-----X		

ORDER

The application of Conrad P Burnett for the payment of administrative expenses was filed with this Court on January ____, 2014. Notice was served on the parties in interest in these proceedings. The objections of Residential Capital, LLC to such application were filed on January ____, 2014. The Court heard the motion and objections on ____, 2014.

IT IS ORDERED that \$375,395.00 of administrative expenses be allowed as administrative expenses, specifically, legal expenses, filing fees, attorney's fees, and proof of claim.

Dated: _____

Honorable Martin Glenn
United States Bankruptcy Judge

1:04 PM

12/31/13

Phillip S. Griffin II PC
Payments and Credits for Burnett, Conrad
May 2012 through December 2013

Type	Num	Date	Amount	Open Balance
May '12 - Dec 13				
Payment	1050	06/17/2013	1,564.00	
Discount	1050	06/17/2013	9.67	0.00
Payment	1065	05/17/2013	600.00	
Payment		08/27/2012	6,000.00	
Credit Memo	9534	08/21/2012	5,846.34	
Payment	1025	08/16/2012	6,000.00	
May '12 - Dec 13			<u>20,020.01</u>	<u>0.00</u>

EXHIBIT "A"

9:15 PM

01/01/14

HUELBIG DOC PREP CORPORATION
Customer QuickReport
All Transactions

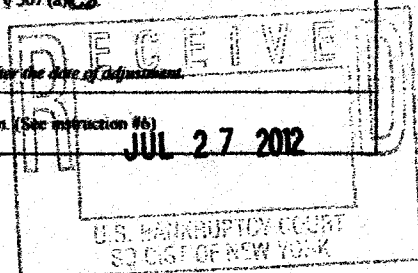
Type	Date	Num	Memo	Account	Clr	Split	Amount
CONRAD P. BURNETT							
↓ Payment	1/14/2013			Undeposited Funds		Accounts Rec...	250.00 +
* Payment	1/5/2013			Undeposited Funds		Accounts Rec...	250.00 +
Invoice	1/2/2013	0000...		Accounts Receivable		-SPLIT-	875.00
↓ Payment	1/1/2013			Undeposited Funds		Accounts Rec...	375.00 +
↓ Payment	12/17/2012			Undeposited Funds		Accounts Rec...	200.00 +
↓ Payment	12/3/2012			Undeposited Funds		Accounts Rec...	500.00 +
↓ Payment	11/27/2012			Undeposited Funds		Accounts Rec...	500.00 +
↓ Payment	11/14/2012			Undeposited Funds		Accounts Rec...	300.00 +
↓ Payment	11/10/2012			Undeposited Funds		Accounts Rec...	500.00 +
Invoice	11/3/2012	0000...		Accounts Receivable		-SPLIT-	1,300.00
↓ Payment	11/3/2012			Undeposited Funds		Accounts Rec...	500.00 +
Invoice	10/2/2012	0000...		Accounts Receivable		-SPLIT-	1,200.00
Payment	11/22/2010			Undeposited Funds		Accounts Rec...	800.00 +
Invoice	11/15/2010	0000...		Accounts Receivable		-SPLIT-	800.00
Payment	10/13/2010			Undeposited Funds		Accounts Rec...	525.00 +
Invoice	10/11/2010	0000...		Accounts Receivable		-SPLIT-	175.00
Invoice	10/6/2010	0000...		Accounts Receivable		-SPLIT-	525.00
Payment	10/1/2010			Undeposited Funds		Accounts Rec...	175.00 +
Payment	3/29/2010			Undeposited Funds		Accounts Rec...	415.00 +
Invoice	3/17/2010	0000...		Accounts Receivable		-SPLIT-	795.00
Payment	3/17/2010			Undeposited Funds		Accounts Rec...	380.00 +
Invoice	11/5/2009	0000...		Accounts Receivable		-SPLIT-	175.00
Payment	11/5/2009			Undeposited Funds		Accounts Rec...	175.00 +
Invoice	8/31/2009	0000...		Accounts Receivable		-SPLIT-	225.00
Payment	8/31/2009			Undeposited Funds		Accounts Rec...	225.00 +

\$ 3,375.00

EXHIBIT "A"

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: GMAC MORTGAGE, LLC	Case Number: 12-12032-MG	<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">JUL 31 2012</div> <div style="font-weight: bold; margin-bottom: 10px;">KURTZMAN CARSON CONSULTANTS</div> <div style="font-size: 10px; font-weight: bold; margin-bottom: 10px;">COURT USE ONLY</div> <div style="font-size: 10px;"> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): CONRAD P BURNETT JR		
Name and address where notices should be sent: 612 MCINTOSH DRIVE LINDEN, VA 22642		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: (703) 300-7122 email:		
Name and address where payment should be sent (if different from above): 612 MCINTOSH DRIVE LINDEN, VA 22642		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: (703) 300-7122 email:		
1. Amount of Claim as of Date Case Filed: \$ <u>352,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>COMMERCIAL PAPER "DEED OF TRUST"</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-weight: bold;">4 8 4 0</div>	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claims (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ <u>232,700.00</u> Annual Interest Rate <u>7.125%</u> <input checked="" type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: <div style="text-align: right;">\$ <u>352,000.00</u></div> Basis for perfection: <u>Security Instrument</u> Amount of Secured Claim: \$ <u>352,000.00</u> Amount Unsecured: \$ <u>0.00</u>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier — 11 U.S.C. § 507 (a)(4). </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507 (a)(5). </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> Amount entitled to priority: <div style="text-align: right;">\$ <u>352,000.00</u></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507 (a)(7). </div> <div style="width: 30%;"> <input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507 (a)(8). </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Other — Specify applicable paragraph of 11 U.S.C. § 507 (a)(2). </div> </div>		
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



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